INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM
ANNUAL PERFORMANCE REPORT
State Form 53475 (R7 / 2-21)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management
Office of Program Support
MC 64-00, Room IGCN 1316
100 North Senate Avenue
Indianapolis, IN 46204-2251
Telephone: (800) 988-7901
FAX: (317) 233-5627
E-mail: esp@idem.IN.gov

*Please use this form if you are a member of the Indiana Environmental Stewardship Program (ESP) to report on progress toward objectives and targets AND certify ESP requirements continue to be achieved. Indiana ESP facilities must submit an Annual Performance Report (APR) by **April 1ˢᵗ** of every year, for each calendar year in which the entity has been a member for at least three (3) full months. Membership terms are renewed every four (4) years through submitting your APR. Your APR should be reviewed and signed by a senior manager at your facility prior to submittal. Once signed, e-mail the APR to IDEM at esp@idem.IN.gov. Please do not include any confidential business information in your annual performance report. **Public access laws require IDEM to make the APR publicly available,** which may include posting all portions of your report on the Indiana ESP Web site. If you have any questions, please contact IDEM at esp@idem.IN.gov or (800) 988-7901.*

This form will also be used for ESP members who are also members of the Indiana Partners for Pollution Prevention Program to recertify their membership and reaffirm their commitment to the Partners Pledge.

SECTION A	FACILITY INFORMATION

Name of facility
Nucor Building Systems

Name of parent company *(if applicable)*
Nucor

Street address *(number and street)*
305 Industrial Parkway

City / State / ZIP code
Waterloo/Indiana/46793

County
DeKalb

Website of facility / company
www.nucorbuildingsystems.com

How many employees (full time equivalents) currently work at your facility?
403

CONTACT INFORMATION

Name of Primary Contact (Mr. / Mrs. / Ms. / Dr.) **Tyler Lucas**	Title **Environmental Coordinator**
Telephone number (1) 2602351447	FAX number ( )	E-mail address **tyler.lucas@nucor.com**

Mailing address *(if different from facility address)*

City / State / ZIP Code

Name of Secondary Contact (Mr. / Mrs. / Ms. / Dr.)	Title
Telephone number ( )	FAX number ( )	E-mail address

Mailing address *(if different from facility address)*

City / State / ZIP Code

REPORTING PERIOD

Reporting period dates from prior calendar year *(mm/dd/yyyy – mm/dd/yyyy)*
01/01/2021 - 12/31/2021

1a. Is this the fourth ESP Annual Performance Report of your membership term?
☑ Yes—If yes, answer question 1b.
☐ No—If no, skip to the "Change in Information" section of this report.

1b. Do you wish to renew your Indiana Environmental Stewardship Program membership?
☑ Yes—If yes, please complete all sections of this annual report.
☐ No—If no, please complete all sections of this annual report except for Section F.

2a. Are you a member of the Indiana Partners for Pollution Prevention (Partners) Program?
☐ Yes—If yes, answer question 2b.
☑ No—If no, skip to the "Change in Information" section of this report.

2b. Do you wish to recertify your Partners for Pollution Prevention (Partners) Pledge?
☐ Yes—If yes, please complete all sections of this annual report.
☐ No—If no, please complete all sections of this annual report except for Section F.

CHANGE IN INFORMATION

In your ESP application and, perhaps, in previous annual performance reports, you described what your facility does or makes. Have there been any changes or additions to your facility's list of products or activities?

☐ Yes—If yes, please describe them: _____

☑ No

SECTION B — PUBLIC OUTREACH AND PERFORMANCE REPORTING

Why do we need this information?
IDEM needs to know how environmental information was shared with the public.

What do you need to do?
Describe how the facility has shared and plans to share environmental information.

Please briefly describe the activities that your facility conducted during this reporting period to interact with the community on environmental issues and to report publicly on its environmental performance. Participated in several community environmental activites such as arbor day and earth day events. Nucor gathers information on a monthly basis and reports on performance annually.

Please indicate which of the following methods your facility plans to use to make its ESP Annual Performance Report available to the public. Please check as many as appropriate.

☐ Web site (http://www._____) ☐ Open house ☐ Meetings ☐ Press releases ☑ Other <u>IDEM ESP website</u>

SECTION C — ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT

Why do we need this information?
Facilities need to have implemented an EMS that meets certain criteria and use an ISO 14001 EMS Lead Auditor at least every thirty-six (36) months to assess the EMS.

What do you need to do?
Answer the following questions about your EMS.

1. What is the most recent date that an ISO 14001 EMS Lead Auditor performed an EMS assessment at your facility? <u>March 7-8 2022</u>

2. Name, title, and organization of ISO 14001 EMS Lead Auditor who conducted the most recent EMS assessment: _____
<u>Kate Pastucha, Lead Auditor, Eagle Registrations, Inc.</u>

3. Is the date of the most recent EMS assessment performed by an ISO 14001 EMS Lead Auditor within the past thirty-six (36) months?

    ☑ Yes—If yes, skip to Question 4.

    ☐ No—If no, please have your ISO 14001 EMS Lead Auditor complete and sign the following checklist, indicating whether or not your EMS meets the listed criteria for ESP membership:

☐ Yes ☐ No   Evidence of senior management support, commitment, and approval.

☐ Yes ☐ No   A written environmental policy directed toward compliance, pollution prevention, and continuous improvement.

☐ Yes ☐ No   Identification of the environmental aspects at the entity.

☐ Yes ☐ No   Prioritization of the environmental aspects and a determination of those aspects deemed significant considering, at the minimum, environmental impacts and applicable laws and regulations.

☐ Yes ☐ No   Established priorities, and environmental objectives and targets for continuous improvement in environmental performance and for ensuring compliance with applicable environmental laws, regulations, and permit conditions. Objectives and targets must go beyond current legal requirements and specify the environmental media, types of pollution to be prevented or reduced, implementation activities, and projected time frames.

☐ Yes ☐ No   An established community outreach mechanism that includes identifying and responding to community concerns; informing the community of important matters that affect the community; and reporting on the EMS, including reporting to the public on the environmental policy and significant aspects.

☐ Yes ☐ No   Incorporation of environmental and pollution prevention planning in the development of new products, processes, and services and modifications of existing processes.

☐ Yes ☐ No   Evidence of clear responsibility for implementation, training, monitoring, EMS maintenance, taking corrective action, and ensuring compliance with applicable environmental laws, regulations, and permit conditions.

☐ Yes ☐ No   Documentation of the implementation procedures and the results of implementation.

☐ Yes ☐ No   Appropriate written EMS procedures.

☐ Yes ☐ No   An annual evaluation of the EMS with written results provided to senior management and affected employees.

_____
Signature of ISO 14001 EMS Lead Auditor

_____
Date (month, day, year)

SECTION C	ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT
	CONTINUED

4. Were any deficiencies found during the most recent EMS assessment?

☑ Yes—If yes, describe any deficiencies found and the corrective action taken to address each deficiency: **see attached**

☐ No

5. What type of protocol was used to perform the independent EMS assessment?

☑ ISO 14001:2015 Certified audit

☐ ESP Independent Assessment Protocol

☐ Other *(please specify)*: _____

6. Is the EMS certified to a recognized standard?

☑ Yes—If yes, what standard does the EMS follow *(please provide a copy of the most recent certificate)*?

    ☑ ISO 14001:2015

    ☐ Responsible Care EMS

    ☐ Responsible Care 14001

☐ No

7. When was the last Senior Management review of your EMS completed?

Month / Year: **October 2021**

Who headed the review *(name and title)*? **Tyler Lucas / Environmental Coordinator**

8. When did your facility last conduct an internal or corporate environmental compliance audit? Do not include inspections or site visits by regulatory organizations.

Scope of the compliance audit: **All Compliance Items**

Month(s) / Year(s): **June 2018**

Who conducted the audit(s) (e.g., facility staff, corporate, third party)? **Corporate and 3rd party**

9. Explain the emergencies experienced within the facility during the past year. Were the applicable emergency and contingency plans detailed in the EMS effective? What changes, if any, have been made to your facility's emergency or contingency plans?

n/a

10. Has your facility corrected all instances of potential environmental non-compliance and EMS non-conformance identified during your audits and other assessments?

☑ Yes—If yes, briefly summarize corrective actions taken and other improvements made as a result of your EMS assessment(s) or compliance audit(s).
Compliance and EMS related audit findings are corrected and verified through a corporate application.

☐ No—If no, please explain your plans to correct these instances.

☐ No such instances identified.

SECTION D	ADDITIONAL INFORMATION
Why do we need this information? This information will help IDEM to effectively manage the Environmental Stewardship Program.	**What do you need to do?** Answer the questions as completely as possible.

1. In addition to ESP, please list environmental awards received or voluntary programs participated in during the past twelve (12) months.
Nucor President's Environmental Award

2. Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should consider.

3. If your facility was not registered to the ISO 14001 standard prior to becoming an ESP member, has ESP helped you to pursue registration? If so, how has ESP been instrumental in achieving registration?

4. Are the ESP and/or Partners group meeting your expectations? Please provide feedback or suggestions.
Yes, I enjoy the member presentations on successful initiatives and lessons learned.

5. If you are a member of Partners, please reaffirm your facility's or organization's pledge to the Partners and provide additional information regarding commitment to pollution prevention (P2).

Yes	No		
☐	☐	1.	Ensure employees are aware of the facility's commitment to P2 and understand their role in implementing P2 objectives and goals in the facility.
☐	☐	2.	Your facility has incorporated P2 planning in the development of new products, processes, and/or services.
☐	☐	3.	Your facility established a mechanism to monitor waste generation and identify realistic P2 goals.
☐	☐	4.	Your facility has established a process to listen and respond to stakeholder concerns.
☐	☐	5.	Your facility makes available your general waste reduction and P2 information to members of our community, IDEM, and the Partners, if requested?
☐	☐	6.	Your facility has participated in or conducted outreach activities that include details of your P2 efforts; please specify: _____
☐	☐	7.	Your facility has participated in two or more Partners meetings in the last year.
☐	☐	8.	Your facility supported the annual Pollution Prevention Conference and Trade Show. *Please check all that apply:* ☐ Financial sponsorship ☐ One or more attendees from your facility ☐ Other *(specify)* _____

Why do we need this information?
Facilities need to share the results of the environmental improvement initiative that was pursued during the reporting period. IDEM needs to report cumulative program reduction results.

What do you need to do?
Reference Section F for "Category" and "Indicator" options to complete this section. Summarize your facility's progress on achieving the initiative you identified in the application or last year's APR. For assistance, please call (800) 988-7901 or email esp@idem.IN.gov.

Initiative #1

Category 1: Non-Hazardous Waste Indicator 1: Landfill	Baseline *(indicate measurement unit)*	Current *(indicate measurement unit)*	Cost Savings
Calendar year	2018	2021	
Actual quantity *(per year)*	67.1t	81.16t	$201,791
Production unit *(select one)*	Earned Labor Hours Production units Production lbs. Other -- specify (e.g. Gallons, length, etc.) Spray Coating Used (pounds)		
Production Quantity	197559	387090	NA

Normalization factor (Current year production ÷ Baseline year production) 1.96

Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor 27.5

Briefly describe *how* you achieved improvements for environmental initiative #1 or, if relevant, any circumstances that delayed progress.
The waste reduction was achieved through efficiency gains in our spray coating operations. Operators received additional training on technique, equipment operations, and maintenance and trialled different pressure settings and spray tip types and sizes. Actual coating usage per ton remained consistent with quality standards, indicating that efficiency gains were directly contributing to a reduction in overspray, and therefore, coatings waste sent to landfill.

Initiative #2

Category 2: Indicator 2:	Baseline *(indicate measurement unit)*	Current *(indicate measurement unit)*	Cost Savings
Calendar year			
Actual quantity *(per year)*			
Production unit *(select one)*	Earned Labor Hours Production units Production lbs. Other -- specify (e.g. Gallons, length, etc.)		
Production Quantity			NA

Normalization factor (Current year production ÷ Baseline year production)

Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor

Briefly describe *how* you achieved improvements for environmental initiative #2 or, if relevant, any circumstances that delayed progress.

Initiative #3

Category 3: Indicator 3:	Baseline *(indicate measurement unit)*	Current *(indicate measurement unit)*	Cost Savings
Calendar year			
Actual quantity *(per year)*			
Production unit *(select one)*	Earned Labor Hours Production units Production lbs. Other -- specify (e.g. Gallons, length, etc.)		
Production Quantity			NA

Normalization factor (Current year production ÷ Baseline year production)

Normalized quantity (Actual current year quantity - Actual baseline quantity) x Normalization factor

Briefly describe *how* you achieved improvements for environmental initiative #3 or, if relevant, any circumstances that delayed progress.

1. Briefly describe the *impacts or wastes* eliminated resulting from the environmental initiative(s). If multiple initiatives, please indicate which specifically.

2. Are there other best management practices (BMPs) you can share correlating to your initiative(s)?

3. If the objectives and targets associated with the environmental improvement initiative(s) were not attained, please verify continued progress toward the environmental initiative(s). If multiple initiatives, please indicate which specifically.

4. Please provide a narrative summary of progress made toward *qualitative, significant* EMS objectives and targets, if any.

5. Please list any state, U.S. EPA, or other partnership programs to which you are reporting this data (e.g., Energy Star, Project XL).

6. Is your entity willing to share the environmental improvement initiative(s) and its best management practices (BMPs) at the ESP Annual Meeting and/or a Partners for Pollution Prevention quarterly meeting or conference? ☑ Yes   ☐ No

Why do we need this information?
Facilities need to show they are committed to improving their environmental performance.

What do you need to do?
Refer to the Environmental Performance Table and answer the following questions.

1. *Select the appropriate boxes in the following table to indicate the **category** and **indicator(s)** that represents the next environmental improvement initiative selected by your facility. For the category and indicator selected, list the **baseline year** (e.g., 2015) and the **future year** (e.g., 2016). Next, list the **baseline annual quantity** (e.g., 5 tons) and **future annual quantity** (e.g., 2 tons) you are committing to achieve by the end of the future year.*

Category	Indicator	Baseline Year 20_21	Future Year 20_22	Unit
☐ Material Procurement	☐ Recycled content			Pounds, tons
	☐ Hazardous/toxic components			Pounds, tons
☐ Suppliers' Environmental Performance	☐ Specify indicator: _____			As specified for the particular indicator
☐ Material Use	☐ Materials used			Pounds, tons
	☐ Hazardous materials used			Pounds, tons
	☐ Ozone depleting substances used			CFC-11 equivalent pounds
	☐ Total packaging materials used			Pounds, tons
☐ Water Use	☐ Total water used			Gallons
☑ Energy Use	☐ Electricity			kWh / MWh, Btu / MMBtu
	☐ Steam			kWh / MWh, gallons, ft^3
	☑ Natural gas	28543670000	25689303000	Btu / MMBtu
	☐ Diesel			Gallons
	☐ Propane / LPG			Btu / MMBtu, gallons
	☐ Gasoline			Gallons
	☐ Solar			kWh / MWh
	☐ Wind			kWh / MWh
	☐ Landfill gas			Btu / MMBtu
	☐ Combined heat and power			kWh / MWh, Btu / MMBtu
	☐ Other: _____			
☐ Land and Habitat	☐ Land and habitat conservation			Square feet, acres
	☐ Community land revitalization			Square feet, acres
☐ Air Emissions	☐ Total GHGs			MTCO2E
	☐ VOCs			Pounds, tons
	☐ NOx, SOx, PM$_{2.5}$, PM$_{10}$, or CO			Pounds, tons
	☐ Air toxics			Pounds, tons
	☐ Odor			European Odour Units
	☐ Radiation			Curies, Becquerels
	☐ Dust			Pounds, tons
☐ Discharges to Water	☐ COD or BOD			Pounds, tons
	☐ Toxics			Pounds, tons
	☐ Total suspended solids			Pounds, tons
	☐ Nutrients			Pounds, tons of N or P
	☐ Sediment from runoff			Pounds, tons
	☐ Pathogens			MPN/ml, CFU/ml
☐ Non-hazardous Waste ☐ Hazardous Waste	☐ Landfill			Pounds, tons
	☐ Incineration			Pounds, tons
	☐ Reused/recycled off-site			Pounds, tons, gallons
	☐ Other: _____			Pounds, tons, gallons
☐ Noise	☐ Noise			dBA
☐ Vibration	☐ Vibration			Inches per second
☐ Products	☐ Expected lifetime energy use			kWh / MWh, Btu / MMBtu
	☐ Expected lifetime water use			Gallons
	☐ Expected lifetime waste to air, water, or land from product use			Pounds, tons
	☐ Waste to air, water, or land from disposal or recovery			Pounds, tons

If you need assistance filling out the form, please contact the ESP program manager at either esp@idem.in.gov or 1-(800) 988-7901.

2. If the environmental improvement initiative(s) will be *qualitative* in nature, please describe._____

3. What activities or process changes do you plan to undertake at your facility to accomplish your initiative (e.g., technology changes in a particular process line, employee training)? _____
Better monitoring of when/where natural gas is used and implementing more efficient technology/controls.

4. Does this initiative address a significant aspect in your EMS?
   ☑ Yes
   ☐ No—If no, please explain why you believe this indicator should be included as an environmental improvement initiative: _____

CERTIFICATION AND PLEDGE

On behalf of *(name of facility)* **Nucor Building Systems**

I certify that the information contained in this Annual Performance Report and attachments is accurate to the best of my knowledge and that this facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with all applicable federal, state, and local environmental requirements, or has a corrective action program in place to attain compliance.

We, **Nucor Building Systems** , commit to maintaining the principles and goals outlined in our Environmental Management System for our facility's Indiana Environmental Stewardship Program status. We agree to strive for full compliance with all regulations promulgated by the U.S. EPA, state, or local jurisdictions. We agree to promote the Indiana Environmental Stewardship Program and to share our success stories with other facilities. We understand that we must meet the requirement of implementing one (1) new, independent environmental improvement initiative each year of membership (for a total of four (4) initiatives), that the Annual Performance Report must be submitted to IDEM by April 1st of each year, and that we must reapply to the Indiana Environmental Stewardship Program every four (4) years.

I understand that the information provided in this Annual Performance Report will be public record. I am the senior facility manager or authorized facility signatory, and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is submitting this Annual Performance Report.

Signature	Date *(month, day, year)* 3·10·22
Printed signature Mark Van Dyken	Title General Manager

March 8, 2022

Tyler Lucas
Nucor Building Systems, Indiana
305 Industrial Parkway
Waterloo, IN US 46793

Dear Tyler Lucas:

Please find enclosed a copy of your Audit Report. The report details the results of the EAGLE visit to your facility on March 7-8, 2022.

Thank you for choosing EAGLE as your registrar. We look forward to continuing our work with Nucor Building Systems, Indiana.

Respectfully,

Kate Pastucha
Lead Auditor

<table>
<tr><td colspan="2">EAGLE Registrations Inc.
Service-Integrity-Value</td><td>ASSESSMENT REPORT</td></tr>
</table>

COMPANY:	Nucor Building Systems, Indiana
LOCATION(s):	305 Industrial Parkway, Waterloo, IN 46793
REPRESENTATIVE:	Tyler Lucas
TELEPHONE:	260-837-7891
E-MAIL:	Tyler.Lucas@nucor.com
STANDARD:	ISO 14001:2015
AUDIT TYPE:	Surveillance (SA)
SCOPE:	Metal Fabrication and Coating of Various Structure Shapes
SCOPE AND CERTIFICATE VERIFICATION:	Is the scope appropriate? (see scope above) __X__YES ____NO If No, list the change. EMS Certificate Number: 3544 Expiration Date: 03/22/24
TECHNICAL AREA & COMPLEXITY:	EMS - 17b - Fabricated Metals, Low - Environmental aspects with low nature and gravity (typically organizations of an assembly type environment with a few significant aspects)
TECHNICAL AREA & COMPLEXITY VERIFICATION:	Is the Technical Area and Complexity listed above appropriate and correct for this organization? ____YES __X__NO If NO, list the change. This facility is of medium complexity.
VERIFY REGISTRATION SYMBOL STATUS AND MARKETING: (**REVIEW FOR SCOPE AND INTEGRITY OF CERTIFICATION MARKETING**)	Are EAGLE Logo, ANAB Mark, and standard being used properly in marketing materials and website and is the marketing in alignment with the scope (products, services, location) ____YES __X__NO Include comment of what was reviewed: Use is appropriate ___ EAGLE Logo is not used __X__ ANAB Mark is not used__X__ Comments:
ACCREDITATION BODY:	ANAB
DOCUMENTATION:	Environmental Management System Manual is ECF-001 Rev. 2.1 The attachments are separate and have various revision levels.
LEAD AUDITOR:	Kate Pastucha
AUDITOR:	N/A
WITNESS/OBSERVER:	N/A

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	D. Confidentiality and No Conflict of Interest Statement
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	   • Audit Plan
	   • On-Going Surveillance Plan-2 pages
	F. Audit Schedule
	G. Process Audit Notes / Audit Notes
	H. New Non-conformities
	I. Pre Audit & Planning Form
	J. J. Multiple Site Review

DISTRIBUTION:	Client Certification Manager -Robert Ballard EAGLE Registration File - 140491

Audit Summary/Office Action Items

NEW NON-CONFORMITIES: Major__0__ Minor__2__ OFIs__1__ (OFIs can be found in the audit notes section) Is a corrective action plan and root cause analysis required to be submitted 30 days from the date of this audit? __X__YES ____NO. If YES, you will receive an automated email with a link to respond in the system. Use Work Instruction 214 for guidance. Additional Resource is the "Client NCR Use" video under "Tutorials" inside EMIS.		
Have There Been Any Changes To The Aspects The Last Visit?	Yes ⊠ No ☐	Added the True-core facility as an aspect because they share an air permit, and a storm water permit. This facility is not part of the Nucor scope and needs to be exempted from the scope.
Have There Been Any Changes to Compliance Obligations?	Yes ⊠ No ☐	Because of the shared permits with True-core, permits and plans needed to be revised.
Audit Summary: Provide a summary of the audit results, including comments related to: **(1) The effectiveness of the management system to achieve expected outcomes** **(2) The ability of the organization to constantly meet applicable regulatory requirements** **(3) The ability of the organization's management system to meet its objectives and continually improve its effectiveness.** **Provide info on demonstrated results, results, trends, measured effectiveness of targets and objectives, previous NCR issues.** **(4) If RE: SHALL include an overall review of 3-year cycle performance including summarizing key points/concerns from the audit cycle. (e.g. major non-conformances, ineffective processes, previous NCR Verification/Escalation and anything of note from this recertification cycle.** **(5) Significant changes that may impact mgt. system, since last audit.** ***** Environmental Complaints can be referenced via. EPA ECHO Reporting, which can be found at https://echo.epa.gov/** *****All Fields to the right MUST be completed.**	Effectiveness of the Internal Audit System (evidence): The internal audit system is mostly effective. NC KP-SA-2 was issued due to internal audits not being completed according to schedule and to consider the effectiveness of the internal audits to drive continuous improvement.
	Effectiveness of the Corrective Action System (evidence): The corrective action system is effective. The company uses the software Intelex to document, communicate and track nonconformities found from internal audits, external audits, and inspections. Compliance audit findings are tracked in a separate system.
	Effectiveness of the Management Review(evidence): The management review process is effective. The MR is held quarterly, with various updates and inputs for 3 of 4 presentations, the Q1 MR is a full review of all ISO 14001 requirements. The MR attendance and outputs are documented, the MR is presented as a PPT.
	Complaints Handling Process Review (evidence): No complaints, no NOVs, no regulatory issues.
	Recertification / Surveillance Audit report review Summary (see item 4):
	Focus for the next audit: Emergency Plans Coating Lines Outside Areas
	AUDIT SUMMARY (See left): The EMS system is well managed by a dedicated on-site Environmental Coordinator. The company has adequately analyzed its internal and external issues, the needs and expectations of interested parties. However, the scope needs to add some clarity to define the shared site boundaries between the newly built TrueCore plant; see NC KP-SA-1. The environmental aspects and impacts were adequately defined and analyzed by process area within the plant. The company has a robust compliance assessment tool that also acts as the list of compliance obligations. The company has 5 objectives set to improve environmental performance. The training program for both teammates and onsite contractors is effective. The company effectively communicates internally and externally about the EMS. The document control system is well managed. Both compliance and objectives are tracked and reviewed monthly. Overall, the company is managing the EMS effectively and continually improving its environmental performance.
	CONCLUSION: Audit objectives have been fulfilled and appropriateness of scope confirmed. Has this audit determined that the quality management system should be recommended for registration? ⊠ YES (Subject to closure of NCRs) ☐ REQUEST FOLLOW UP AUDIT *(may include significant findings to be reviewed, or ICT audits that lack depth of evidence due to circumstances)* ☐ SUSPEND/NOT READY (include detail in summary) ☐ WITHDRAW (include detail in summary)
*Auditing is based on a sampling process of the available information.		

A
Office Action Items

Office Issue No.	Description of Item

ICT/Remote Audit Summary: ☒ **Not Applicable**

List Hardware and software used as part of the ICT audit activity	
Summarize the ICT audit activity effectiveness including issues encountered and resolution	
Were there any areas that were not able to be audited as planned?	

STAGE 1 ONLY: ☒ **Not Applicable**

- There were _____ issues identified at the Document Review.
- Of these issues, _____ are still open based on the results of this RV
- There were _____ new issues identified at this Readiness Visit.
- Total issues to be reviewed at the Stage 2 (RA) are _____.

These issues must be resolved for review at the Registration Audit or they may be issued as nonconformities.

STAGE 2 ONLY: ☒ **Not Applicable**

- There were _____ issues identified at the Document Review.

- There were _____ issues identified at the Readiness Visit.

- _____Issues HAVE been resolved and _____ Issues HAVE NOT been resolved.

The issues that have not been resolved will be identified as NCRs during this assessment.

	EAGLE Registrations Inc. Service-Integrity-Value	B Opening & Closing Meeting Checklists

	OPENING MEETING ITEMS:
1.	Introductions & Opening Meeting Attendance Sheet
2.	Verify No Conflict of Interest – Confidentiality and Conflict of Interest Statements
3.	Verify Audit Objectives, Technical Area/Complexity/Risk, and any justifications or non-applicable
4.	Verify Scope Status: (i.e. Outbuildings, Warehouses, Additional Locations)
5.	Verify the following items have not changed since audit planning: - # of shifts and Employee count = 345 Total (444 are total number on payroll, the difference are employees working remotely.) (The number of audit days for this visit was based on an employee range of: **426-625.** If the current number of employees falls outside of this range, please contact Robert Ballard at EAGLE home office) -Any dedicated weekend crews?: ☐ Yes ☒ No – **If YES Explain(times/days):**_____ -Any changes in sites and/or locations? ☒ Yes ☐ No – **If YES Explain:** Currently expanding the building but just the office area, not production area, expected completion date is 2023.TrueCore was built at the same address but is not the same business unit and needs to be excluded from the scope of the Nucor ISO 14001 certificate.
6.	**Is there any information related to legal or regulatory that is unable to be shared? (If yes, must update Audit Schedule. See item 3 on schedule)** *Requires this approach: Review of process, including a procedure for evaluating legal compliance, objective evidence of its implementation, objective evidence of compliance review by management, and objective evidence of implementation of identified corrective actions. Please clearly document this noting Accreditation Rule (AR) 5*
7.	Verify Customers and Customer Requirements & Any Regulatory and Statutory Requirements
8.	Audit Process Reviewed - EAGLE Policy - Sampling and Objective Evidence - Non-conformance Record & Definitions of Major, Minor & Opportunities for Improvement - Appeals Process & Termination of Audit - Auditors' Obligation to Keep Client Informed of the Audit Progress - Daily Meetings & Closing Meeting - Audit Summary Sheet & Recommendation Definitions - Compliance vs. Conformance - Continuous Improvements in Performance, Prevention of Pollution, Regulatory Compliance - Any Work Safety, Emergency & Security Procedures for the Audit Team
9.	Output Matters (Form 91)
10.	List/Confirm Escort Names & Confirm Official Communication Links / Confirm Working and Meeting Room Provisions
11.	English is primary language used (i.e. reports, audit, etc.) - Other language and time added (%)

12.	Review Audit Schedule
	    - Working Hours, Lunch Arrangements & Closing Meeting & Daily Debrief Times
	    - Any Changes? (If YES, note on copy of the schedule and include in report)
	    * Interviewed personnel will include: Management, Full-Time, Part-Time, and Temporary Employees

13.	Answer any questions
	Auditor confirms all applicable items in opening meeting checklist above have been covered as part of this audit.

	CLOSING MEETING ITEMS:
1.	Thanks for selecting EAGLE and hospitality & Attendance Sheet
2.	Attendance Sheet- *Justification for absence shall be recorded if not present: - Management responsible: (List Name(s)) - Employee Representatives: (List Name(s)) - Personnel responsible for monitoring (List Name(s))
3.	Summarize Assessment: -Confirm Audit Program (On-Going Surveillance Plan for Cycle) -Advise client based on sample -Review any Positives, Concerns & Classification of Findings -Recommendation on Certification (See Audit Summary) -EAGLE post audit activities (Technical Review, Registration Grant Decision, Payment of Invoice & Cert issuance)
4.	EAGLE process for Non-Conformities (ensure understanding of NCRs) -WI 214 Details the NCR Submittal Process – See Annex A for guidance of ensuring acceptable responses. -Timing of reply per EMIS due dates are critical. (30 day Plan, 60 days Obj. Evidence & 90 day closure)
5.	Assessment Report
6.	Complaints/Appeals Process
7.	As defined in the Audit Plan, **Next Visit scheduled for: February 6-8 2023 (3 Day SA / 12 month cycle)**
8.	Web Survey
9.	Answer any questions
	Auditor confirms all applicable items in closing meeting checklist above have been covered as part of this audit.

EAGLE Registrations Inc. Service-Integrity-Value	C Attendance Sheet			
Customer/Registration Location:	Nucor Building Systems, Indiana/ Waterloo, IN			
Type of Assessment:	Surveillance (SA) / Opening / Closing			
Date:	March 7-8, 2022			
Print Name	Title	Company	Initials Opening	Initials Closing
Kate Pastucha	Lead Auditor	EAGLE	X	X
Jason Leigl	Eng. Mgr.	Nucor	X	X
Mark VanDyken	Gen. Mgr.	Nucor	X	X
Scott Cassel	Controller	Nucor	X	X
Austin Black	Dir. Group Services – IT, R&D, Prod Development	Nucor	X	X
Tyler Lucas	Env. Coord.	Nucor	X	X
Eric Gentry	Prod. Mgr.	Nucor	X	remote
Rob Montoya	Receiving Group Leader	Nucor		X
Brittney Reinsch	Design Group Leader	Nucor		X
Justin Evans	Production Supervisor	Nucor		X
Eric Braun	Detailing Group Leader	Nucor		X
AJ Byerley	Sales Service Manager	Nucor		X

EAGLE Registrations Inc. Service-Integrity-Value	<u>D</u> Confidentiality and No Conflict of Interest Agreement

I am a ("Designated Assessor") and have executed an agreement with EAGLE Registrations Inc. to provide registration activities to EAGLE and to contracted registrars (as defined in the Agreement). As part of such Agreement, I am obligated to execute this Confidential Information and No Conflict of Interest Agreement ("Special Agreement") for each client for which I perform Registration Activities.

I hereby execute this Special Agreement with respect to <u>Nucor Building Systems, Indiana, Waterloo, IN</u> ("Client"). I confirm that I have not, during the 24-month period prior to the date hereof, directly or indirectly provided any consulting or other services to or on behalf of Client (or their corporately related bodies). I confirm that I will not, during the 12-month period succeeding the last day on which I provide registration activities with respect to Client pursuant to the Agreement or any future agreement between EAGLE and me, directly or indirectly provide any consulting, or any other employee or contract services (including, but not limited to Registration Activities) to or on behalf of client. I certify that I have neither solicited nor accepted from Client, nor has Client made any offer or promise of, any payment or gift of money or anything of value that could reasonably be understood to be intended to unduly influence my performance of the registration activities.

I understand that in order to perform registration activities with respect to Client, EAGLE, Client and/or a contracted registrar shall provide me (i) with materials concerning client and records of Client which contain confidential information belonging to Client, and (ii) with access to Client's personnel who know confidential information belonging to Client, which confidential information is not otherwise generally known by the public and which is called "Confidential Information" under this Special Agreement.

I shall keep Confidential Information secret and confidential, and not disclose such Confidential Information to any person or entity except for EAGLE and, if applicable, a Contracted Registrar providing services to Client. I shall deliver to EAGLE, or at EAGLE's direction, to Client all materials and reports (including all copies) in my possession (including quality manuals, reports, computerized data contained in any form) upon receipt of a written letter from Client or EAGLE instructing me to return such materials.

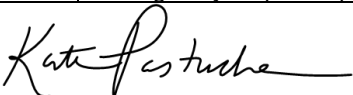I understand that my obligations under this Special Agreement shall survive the termination of the Agreement.
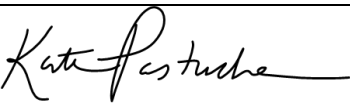
Designated Assessor/Signature	**Lead Auditor:** Kate Pastucha / *Kate Pastucha*		Date:	March 7, 2022

Customer/Location:	Nucor Building Systems, Indiana, Waterloo, IN

PROCESS TO BE AUDITED														
"P" for primary. Evidence must be presented on the Supplemental Note Form for P items being audited. **Blank = No or insignificantly relevant area for this requirement.** **NOTE: "N/A" means that the selected clause is not applicable to this management system.**	Management	EMS	Manufacturing	Maintenance	Shipping Receiving	Office								
4.1 Understanding the Org & Its Context	P	P												
4.2 Understanding the Needs & Expectations of Interested Parties	P	P												
4.3 Determining scope of the EMS	P	P												
4.4 EMS	P	P												
5.1 Leadership & Commitment	P	P												
5.2 Environmental Policy	P	P												
5.3 Org. Roles, Responsibilities & Authorities	P	P												
6.1 Actions to Address Risk & Opportunities	P	P	P	P	P	P								
6.2 Environmental Objectives & Planning to Achieve Them	P	P	P	P	P	P								
7.1 Resources	P	P												
7.2 Competence	P	P	P	P	P	P								
7.3 Awareness	P	P	P	P	P	P								
7.4 Communication	P	P												
7.5 Documented Information	P	P												
8.1 Operational Planning & Control	P	P	P	P	P	P								
8.2 Emergency Preparedness & Response	P	P	P	P	P	P								
9.1 Monitoring, Measurement, Analysis & Evaluation	P	P	P	P										
9.2 Internal Audit	P	P	P	P	P	P								
9.3 Management Review	P	P												
10.1 General	P	P												
10.2 Nonconformity and Corrective Action	P	P												
10.3 Continual Improvement	P	P	P	P	P	P								

EAGLE Registrations Inc. Service-Integrity-Value	E Audit Plan	
Customer/Location:	Nucor Building Systems, Indiana, Waterloo	
Standard:	ISO 14001:2015	Certificate Expiration:	03/22/24
Certificate Cycle:	12 Month	Employees at time of calculation:	444

Audit Type	Due Date	Days
Recertification (RE)	Jan 26 2021	5.00
Surveillance (SA)	Jan 26 2022	3.00
Surveillance (SA)	Jan 26 2023	3.00
Recertification (RE)	Jan 26 2024	5.50

Justification		
Date	Adjustment	Justification Statement
Dec 24 2013	EMS-Multi-Site Corporate Scheme Reduction, the management of the EMS program (documentation and system changes), management review, internal audit planning, corrective and preventive action management, different legal requirements are all centrally managed by corporate program.	EAGLE has mutliple Nucor sites but they all have individual certs. They have the same documenation and program structure, processes, and procedures. System is very robust and mature. Same auditor for all sites.
Auditor Validation: _Kate Pastucha_ 3/8/2022		
Nov 28 2018	EMS – Complexity - Medium	Includes Painting Process-Facility uses solvent and water based paints and is a small quantity hazardous waste generator. Reduction of paint usage is an objective for this year (2018)
Auditor Validation: _Kate Pastucha_ 3/8/2022		
Auditor Validation:		

Areas of Non-Applicability

Date	Exclusion
Aug 13 2013	None - None - No Exclusions
Auditor Validation:	

Date	Exclusion
March 8, 2022	The newly built TrueCore facility (2021) which was built on the same campus since last year, is not the same business unit as NUCOR and needs to be exempted from the scope.
Auditor Validation: 3/8/2022 *Kate Pastuche*	

Date	Exclusion
Auditor Validation:	

Date	Exclusion
Auditor Validation:	

Date	Exclusion
Auditor Validation:	

Changes/Follow-up and other miscellaneous Verifications		
Date Initiated	Follow Up	Date Closed by Office
Auditor Validation (If Closed above no Validation is required:		
Date Initiated	Follow Up	Date Closed by Office
Auditor Validation (If Closed above no Validation is required:		
Date Initiated	Follow Up	Date Closed by Office
Auditor Validation (If Closed above no Validation is required:		
Date Initiated	Follow Up	Date Closed by Office
Auditor Validation (If Closed above no Validation is required:		
Date Initiated	Follow Up	Date Closed by Office
Auditor Validation (If Closed above no Validation is required:		

EAGLE Registrations Inc. Service-Integrity-Value	E-COMPLEXITY REVIEW - EMS ONLY

Please complete this form with the client. All new clients will have this completed as part of Initial Audit activity. For existing certificates, please complete this for the first time with the client and it will be included in the process for review at each audit.

Industry Code/Type:		**Base Complexity MD5:** **EAGLE office**	☐ High ☒ Med ☐ Low ☐ Limited

LIST ACTIVITIES (MFG/PRODUCTION)
Include main and sub-processes
(examples: machining, stamping, mixing, batching, assembly, molding, printing, labeling, laminating, soldering, welding, etc.)

Welding: submerged arc, seamer, mig	
Cutting: sawing, drilling, plasma, oxyacetylene	
Roll-forming	
Coating: spray, vacuum, and dip	
Folding/Bending	

Please identify any Chemical Based Treatments or Surface Treatments:	Dust suppressant for gravel storage yard. Coating (solvent -based) Coating (water-based) Mastic Caulking (pre-applied to panel seams) Forming oil (Lubricants)	**Frequency or Volume of Treatments:**	As needed Daily – tracked monthly Daily – tracked monthly Daily – tracked monthly Daily – tracked monthly

Type	**LOW**	**MED**	**HIGH**	**PERMITS/REG. REQUIREMENTS**	**Explain why you selected Low, Med, or High (explain volume, type, severity/gravity)**
AIR	☐	☒	☐	Title V - synthetic	2 Spray-booths with 2 sections, Roll forming equipment, NESHAP, Rod-coater, Dip tank
WATER	☐	☒	☐	NPDES General Permit, No WW permit	SWPPP, SPCC
WASTE	☐	☒	☐	SQG hazardous waste	RCRA small generator, TRI, Tier 2

Please identify Compliance Violations or Issues (last 12 months):	The stormwater issue with the TrueCore construction permit. (Not in EMS scope for Nucor)

Any additional information related to complexity (consider number of permits/reg./stat requirements, number of aspects/impacts (few or many):

EAGLE Registrations Inc. Service-Integrity-Value		

Customer/Location:	Nucor Building Systems, Indiana/Waterloo, IN

	DATE, TYPE OF AUDIT, AND AUDITOR FOR VISIT											
All Processes, Buildings and Shifts must be audited for Registration and Recertification and at least once during the Surveillance Cycle. This page must be completed and planned for the 3-year cycle. Note: "X" means process was assessed (or planned) and blank means it was not. LIST PROCESSES FROM REG. PLAN HERE	RE February 2021	SA March 2022	SA 2023				RE 2024					
EMS	X	X	X				X					
Management	X	X	X				X					
Manufacturing	X	X	X				X					
Maintenance	X	X	X				X					
Shipping and Receiving	X	X	X				X					
Office	X		X				X					
FOR **MULTI-LOCATONS**: LIST ADDITIONAL BUILDINGS HERE AND APPLICABLE PROCESSES												
IDENTIFY **SHIFT** COVERAGE HERE												
1ST SHIFT (6:00am – 2:00pm)	X	X	X				X					
2ND SHIFT (2:00pm – 10:00pm)	X	X	X				X					
3RD SHIFT (10:00pm – 6:00am)	X						X					
WEEKEND SHIFT												

EAGLE Registrations Inc. Service-Integrity-Value		

Customer/Location:	Nucor Building Systems, Indiana/ Waterloo, IN	Date:	March 7-8, 2022

NOTE: "X" means element was assessed and blank means it was not.

NOTE: Major non-conformities are listed on top, and minor on bottom of each cell in summary of NCRs column

M / m

	RE February 2021	Summary of NCRs	SA March 2022	Summary of NCRs	SA 2023	Summary of NCRs	RE 2024	Summary of NCRs								
4.1 Understanding the Org & Its Context	X		X		X		X									
4.2 Understanding the Needs & Expectations of Interested Parties	X		X		X		X									
4.3 Determining scope of the EMS	X		X	0/1	X		X									
4.4 EMS	X		X		X		X									
5.1 Leadership & Commitment	X		X		X		X									
5.2 Environmental Policy	X		X		X		X									
5.3 Org. Roles, Responsibilities & Authorities	X		X		X		X									
6.1 Actions to Address Risk & Opportunities	X		X		X		X									
6.2 Environmental Objectives & Planning to Achieve Them	X		X		X		X									
7.1 Resources	X		X		X		X									
7.2 Competence	X		X		X		X									
7.3 Awareness	X		X		X		X									
7.4 Communication	X		X		X		X									
7.5 Documented Information	X		X		X		X									
8.1 Operational Planning & Control	X		X		X		X									
8.2 Emergency Preparedness & Response	X		X		X		X									
9.1 Monitoring, Measurement, Analysis & Evaluation	X		X		X		X									
9.2 Internal Audit	X		X	0/1	X		X									
9.3 Management Review	X		X		X		X									
10.1 General	X		X		X		X									
10.2 Nonconformity and Corrective Action	X		X		X		X									
10.3 Continual Improvement	X		X		X		X									
Total NCRs		0/0		0/2												

EAGLE Registrations Inc. Service-Integrity-Value	F Audit Schedule and Notification

DATE:	2-22-2022
TO:	Nucor Building Systems, Indiana, Waterloo, IN/Tyler Lucas/ 260-837-7891
ADDITIONAL ADDRESSES	
E-MAIL:	Tyler.Lucas@nucor.com
NUMBER OF PAGES:	Page 1 of (1)
FROM:	Kate Pastucha / katepastucha@gmail.com / 309-635-7417 (cell)
CC:	Robert Ballard
SUBJECT:	Audit Schedule / Surveillance (SA)
PERSONAL PROTECTIVE EQUIPMENT (PPE)	Safety Glasses, Ear Plugs, Steel Toed Safety Shoes, Hard Hats, Leather Shoes, Low IR Safety Glasses & Leather Steel Toe Safety Shoes
AUDIT OBJECTIVES:	Determination of conformity of the client's management system with audit criteria: ability to meet statutory, regulatory, and contractual requirements; ability to ensure organization is continually meeting specified objectives; and areas of potential improvement of management system; Stage 1 will also evaluate the client's understanding of the requirements and the level of implementation of the QMS to determine readiness for Stage 2.
AUDIT SCOPE:	Metal Fabrication and Coating of Various Structure Shapes
EIC CODE:	EMS - 17b - Fabricated Metals, Low - Environmental aspects with low nature and gravity (typically organizations of an assembly type environment with a few significant aspects)

1. I would appreciate an onsite lunch to make better use of time.
2. Please notify your Lead Auditor if any employees are unable to speak the agreed to Audit language, so that arrangements can be made for a translator. This will ensure that the integrity of the interview process is not compromised.
3. If there is certain specific data or other information related to legal or regulatory compliance that will not be made available for review because of an assertion of legal privilege or their proprietary nature, please notify your Lead Auditor immediately, for audit planning.

☐ (Please Check if applicable) REMOTE AUDITS: The objective is to replicate an onsite audit as much as possible. Please ensure all relevant personnel are present in Opening Meeting and are able to be identified via video; Ensure auditees are available prior to their interview and logged in. Auditees will be required to use their camera, if there are any objections, this should be communicated prior to the audit. Ensure all devices have back up batteries/chargers as needed. Please ensure Audit Coordinator that was identified on the remote application is available and prepared.

The audit team will consist of the following: **Kate Pastucha - Lead Auditor**

Status/Additional Verification of 0/0 Prior Non-Conformities for Effectiveness

# of shifts 3 and times 6:00 AM-2:00 PM, 2:00 PM-10:00 PM, 10:00 PM-6:00 AM

Are all shifts planned to be audited: ☐ YES ☒ NO	If no- Justification: Surveillance Audit

TIME		ACTIVITY / PROCESSES	AUDITOR	HRS
OFF-SITE – Pre-Audit & Planning Activities				2
Monday, March 7, 2022 @ 8:00 am				10
8:00	8:30	Opening meeting	ALL	
8:30	9:30	Plant Tour, Review EMS System, Ongoing Surveillance Plan and Complexity Review.	KP	
9:30	11:00	6.0 Planning and 9.1 Monitoring, Measuring, Analysis, and Evaluation	KP	
11:00	1:00	Working Lunch, 9.3 Management Review, 4.0 Context	KP	
1:00	3:00	8.0 Operations 1st Shift Interviews & 2nd Shift Interviews: Manufacturing, Maintenance, Shipping/Receiving	KP	
3:00	5:30	9.2 Internal Audits and 10.2 Non-conformance and Corrective Action	KP	
5:30	6:00	Daily Debrief (3/7)	ALL	
Tuesday, March 8, 2022 @ 8:00 am				6
8:00	11:00	7.0 Support	KP	
11:00	1:00	Follow Audit Trails, Report Writing, Working Lunch	KP	
1:00	1:30	5.0 Leadership Interview with Leadership Team	KP	
1:30	2:00	Closing Meeting	ALL	
OFF-SITE – Post-Audit & Planning Activities				2
AUDIT TIME TOTAL				**20**

CUSTOMER NAME/LOCATION:	Nucor Building Systems, Indiana/ 305 Industrial Parkway, Waterloo, IN 46793
AUDITOR NAME:	Kate Pastucha
DATE:	March 7-8, 2022
KEY PROCESS:	EMS, Manufacturing, Maintenance, Shipping/Receiving
INDIVIDUALS INTERVIEWED/PROCESS OWNER(S)	Tyler – Environmental Coordinator See other interviewees in the notes.

NOTES:

Plant Tour – toured the inside areas of the facility. Raining and windy, unable to tour outside areas.
EMS Manual ECF001 Rev 2.1 – all content is verbatim to the ISO 14001:2015 Standard, with references to Appendices.

6.0 Planning & 9.1 Monitoring Measuring Analysis & Evaluation

NBSIN (Nucor Building Systems Indiana) Aspect and Impact List ECF003 Rev 2.1
Top columns of table: Process, Aspect, Impact, Legal?, Risks, Opportunities, Control, Current Data
Listed by process area. Anything that has a legal requirement is automatically a significant aspect.

Aspects:
Emergency Generator	Transformers
Geothermal Well	On-site Contractors
Universal Waste	Lighting
Dust	Finished product
Primered Product Storage	
Bulk Fuel	Emergencies:
Mobile Equipment	Fire
Burny Wastewater (from plasma table)	Spills
Weld Gas	Gas leak
Coolant	Flood
Flux	Earthquake
Wire	Tornado
Roll Forming	
Coating Line	Not Significant:
Drums, barrels, totes	Corrugated
Oil and Grease	Scrap Wood
Rags/Gloves/PPE	Electricity
Potable Water	Shipping
Storm water	

No PCBs and no asbestos – site is 34 years old.
Independent Contractor Agreement – for all onsite contractors to sign off, includes the environmental policy.

Objectives and targets: Documented on form ECF053 Rev 0
Some of the objectives are long-standing and on-going.
Energy conservation: Reduce annual energy use by 5% YOY; started in 2007, tasks completed tracked by date, (12 pages), 2 most recent tasks were in 2020 – VFDs for make-up air units, overhead fans replace many small fans with a few large overhead fans. No tasks completed in 2021. No mention of whether the goal is achieved - covered in the MRs quarterly.
Hazardous waste management: Reduce or eliminate hazardous waste production, Goal is 0 hazardous waste, new objective in 2021, 3 tasks, 2 completed, still working on changing to a water-based coating.
Reduce coating usage: Reduce booth waste by 40% by weight, includes filters, floor scraping, liquid waste, all. Started in 2018. Changed the goal in 2019 from 50% to 40%. Tried in 2018 to use water-based coating, trying again to switch.
Reduce paper use: 2018 goal to reduce paper(by cost) by 10%, baseline is 2013 to 2018, implemented ipads in 2020, also implementing a new software in 2022 to reduce the need for paper.
Scrap steel reduction: scrap from production ratio stay under 4.9%, from 2006, for 2021 add signage to improve segregation to get more $ for the scrap value. Have not achieved the goal since 2016. What changed – plasma tables produce 48-60% of the scrap, changes in design are causing more scrap.

OFI – Consider adding notes at end of each year about what was achieved to record metrics of the objectives.

Tracking – New Calc Workbook, numbers reported to corporate monthly.
Scrap intensity – goes back to beginning, new years added, track by month and quarter, and rolling 12-months. Achieved 6.6% scrap ratio.
Paint waste – separate tabs feed into this tab Coating Use, and Wastes: actual incoming primer, evaporation rate estimated, minus waste sent as hazardous waste. Each month has a percentage, 37.85% waste reduction. Trying not to ship over 40% of what they get in for coating.
Wastes – lists all waste types, includes hazardous waste.
Energy – electricity and natural gas use, normalized per ton production and square footage floor space,
Paper use – no tracking in this spread sheet

Compliance Obligations Appendix E ECF-006 Rev 0 – Procedure for review of compliance obligations, internal audit by legal is every 3-years. Applicability tool – this is the list of compliance obligations, used by onsite coordinator to do the annual review: air, water, waste, haz chem, miscellaneous, applicability determination, ECMS – reporting system to corporate for tracking compliance tasks, inspections, reports, some tasks are automatically escalated if not completed. Deviations or NOVs are reported in this system also. Planned regulatory inspections are added, but not if a surprise audit.

Where do non-legal obligations get documented? In the Applicability tool there are modules for corporate policy, vendor audits, training, and EMS
President's Environmental Award – the ISO 14001 Certificate is required to enter this internal program.

4.0 Context

Context discussed in the EMS Manual statement 4.1.
Appendix A-1 ECF054 is the needs and expectations of interested parties; regulators, customers, vendors/suppliers, contractors, public interest groups, neighbors, investors, employees, health services (emergency responders).
Scope documented – the introduction to the manual, lists the address of the facility, conducts metal fabrication of metal buildings, includes: design, engineering, detailing, cutting, welding, forming, coating, shipping and receiving on 250,000 square feet of property. Does True Core have the same address – yes, but not included in the square footage.

==Minor NC – add the True Core facility to the scope as an exclusion, because they have the same address.==

These are reviewed during the internal EMS audits by Time Jones in Oct 2021. Also, part of the MOC process when reviewing projects.

9.3 Management Review

MR Procedure is in Appendix N of the Manual, on ECF015 Rev 1. Required to hold MR at least once per year, in 2021 quarterly. Q1-Q3 were done over MS Teams – screen shots with attendees listed.

TrueCore facility was just built in 2021. Some issues related to the project with the construction stormwater permit. Shared source for 2 separate air permits, and same stormwater. See NC-1 notes.

Reviewed Q1 slide presentation from 4/6/2021. All required topics discussed; outputs documented.
MR meetings also happened for Q2-Q3 in 10/21/2021; and Q4 done on 2/4/2021.
Template used for the PPT so that required elements are not skipped for the MR.

The issue with the internal audit system in 2021 (see notes in 9.2) were discussed.

8.0 Operations

Interviews – 1st Shift Manufacturing, Shipping/Receiving

Tom Parr – Panel Line Operator (since 1997 but left for a few years, back for 5 years)
Operates the line where ever it needs, stacking, getting materials.
Aspects - sealant butyl mastic, applied from a barrel and spray the inside rib of a joint. Excess pliable material wipe with rags and then dispose in trash, non-hazardous material. Vanishing oil lubricate painted panels, PB blaster – penetrating fluid. Grease for machines. SDS sheet or label on drum.
Policy – GREEN – Great expectations, responsibility, environmental excellence, effective practices, and neighborhood outreach.
Wastes – trash, dust, pallets, paper, mastic. Recycle – batteries, absorbents, paper, plastic,
Air – no special responsibility
Spill – spill kit, contain and clean. If large, he would let someone know, clean-up materials would go into a barrel for waste.
Risks – fire, oily rags, environmental outside. Paint is biggest risk – solvent based. No actual fire for a while. Drill – yes

Goals – no
Communication – email to leadership and then floor leads tell workers; signage also.
Training – yes, for spills, emergency, storm water.

Shawn Montgomery – Uncoiler (11 years) runs the uncoiler, loads, cuts sheets. Build-up.
Aspects – oil sops, making sure rags going into right disposal,
No chemicals, no trucks, cranes, no fork lifts, dumps hoppers of scrap into the roll-off, metal, trash, banding,
Policy – GREEN, on the homepage, recycling, oily pads, metal,
Poly-tank burst open released water and immediately responded, it did get outside, they cleaned and then alerted Tyler – it was just water so no big issue, but was already cleaned.
Training – environmental annually, paint spill, oil spill kit, fire – multiple times per year, extinguisher training,
Communication – weekly meetings or monthly updates, good news and bad news. All workers have emails.
Air – none, no dust.
Oil – hydraulic pumps, built in containment, once a month vacc'ed
Goals – Tyler mentioned getting percentages down. No scrap in his area. Other? Paint waste – not his area but he knew.

Rob Montoya – Receiving Group Leader (10 years) in warehouse, manage 3 workers, receives everything from rolls of steel to tubes of mastic. Paint totes – unloads from trucks DOT training, RCRA yes, trained for creating Bills of Lading.
Aspects – spills, tracking in stuff from out/inside, housekeeping.
Policy – GREEN – on hardhat
Wastes/Recycling – steel banding, scrap, cardboard, paper,
Opportunities for improvement – paint, waste reduction,
Communication - Memos from Tyler, encourage employees to bring in universal waste, e-waste recycling anytime, anything can get put on Tyler's desk. Weekly meetings to communicate with his employees – updates.
Spills – no actual, spill kit is by door 4 and door 10. A while back fork-truck punctured a paint tote.
Emergency – evacuate, rollcall, drill yes, extinguishers – gives training.
BullX – virtual fire extinguisher training

Aaron Fifer – Shipping Floater (25 years) loading trailers, packing boxes, getting product ready to go out the door.
Aspects – outside fork trucks, gas tanks, diesel tanks, used for fork-trucks, tanks concrete containment, battery charging stations where the trucks get parked, spill neutralizer
Chemicals – 5-gals of primer, dispatch prepares shipping papers, SDS goes, labels for
Training – DOT years ago yes,
Oil leaks – call maintenance to help and fix.
Waste/Recycling – cardboard, plastic, shrink wrap, wood,
Communication – weekly safety meeting, or in person if urgent
Emergency – fire exit to zone, extinguisher training.
Goal – they talk about it but he doesn't remember, none that pertain to him.

Interviews – 2nd Shift Manufacturing, Maintenance

Kyle Shuman – Franklin Plate Operator Hydraulic Press (7 years) runs bar stock on the line to spec, punch holes, and cut of length.
Oil leaks, hose clamp came undone and oil went everywhere not on his shift, clamp came undone, incident review to check machine, to turn off machine when not present.
Spills – contact supervisor, get spill kit nearby, knew 2 locations, contain spill, put used absorbent drums, not in trash.
Universal waste – batteries, no aerosols,
Chemicals – SDS on intranet, pictograms,
Waste/Recycling – steel slugs, but that is it, no other waste
Policy – GREEN, on hardhat
Emergencies – go to outside area, drill yes,
Continuous improvement – training annually, goals – recycling, e-waste from home
Communication – meetings – daily line meetings, weekly safety meeting

Daylen Schinbeckler – Maintenance Technician (8 years) electrical, oil changes, lights,
Waste – universal wastes bulbs, used oil, cardboard, ballast, LEDs put in as the ballast lighting goes out,
Chemicals – oils, parts cleaner, BC-98 degreaser, aerosols – were puncturing, but now sending out as u-waste. SDS – can be found on the homepage.
Spills – everyone responsible for spills, Maintenance would respond to help with bigger spills. Absorbents – depends on the spill. Paint spills use different mats – would go into a designated bin by the paint booth.
Emergencies – extinguisher, radio call to alert, pull alarm, closest exit to gathering point outside.
Policy – GREEN, taking care of the environment and community, not destroying the earth, good stewards.
Training – spills, mercury spill kit,
Communication – meetings, stickers,
Continuous Improvement – recycling, solar panels

9.2 Internal Audits

2019 had 20 voluntary internal auditors, with people working from home, the audits were not being done in 2020, 2021 change requested and granted by management to assign audits to auditors.

Appendix M of the EMS Manual – under responsibility EMS Rep, Prod Manager, and General Manager.
Tyler and Tim Schuman – ISO certified auditors; other auditors are trained internally.
After the audit – forms turned in, Tyler reviews and makes sure that NCs and OFIs are properly classified. Tim helps more with the findings, NCs have varying levels of approvals depending on what it is. Tyler closes everything out.

Reviewed the forms completed for:

Scrap wood recycling audit: 1 NC and 2 OFIs were noted; additionally, the auditor submitted a mark-up revision of the procedure.

Audit of the internal audit system completed in Oct 2021 by Tim Jones – he did not observe anyone auditing, he did talk to Tyler about issues with the internal audit program, but did not document any of this in the audit notes. There were no findings and no OFIs from this audit.

Total number of internal audits planned for 41 – all sections of the standard are audited, and all "Tasks" under environment are audited. Tyler may change this frequency to a longer rotation than annually for some audits.

==Minor NC – Internal audits 12/41 audits not completed for 2021 – according to the schedule. The internal audit of internal audits did not appear to be effective.==

Reviewed the Training presentation for the internal auditors: refresher training done annually. When they first join they get more individual one on one training. Someone is with them during their first audit.

One big QMS, Safety, EMS audit meeting was held at the end of each quarter, to discuss the findings from audits. They do this on 2 shifts with the audit team members – with audit team members from 2nd and 3rd shifts included. Most internal auditors are frontline teammates, many of the internal auditors who were working from home were unable to get their audits done.

10.2 Nonconformities and Corrective Actions

Appendix L Procedures for NC Opportunities for Improvement and Corrective Actions ECF013 Rev 0
Corrective actions can arise from internal audits, self-audit, and compliance review, inspections or from any observance of nonconformity.

Effectiveness of the NCs occurs during Tyler's month inspections – monthly inspection includes, SPCC, Air, CA closure reviews, etc. Reviewed the Jan 2022 record. The inspection record entered into Intelex, and issues from the inspection are entered as findings within this inspection report.

Does the completion of this monthly inspection get audited internally? Yes, but not by the local internal auditors,

Internal Audit Report 2021 – a summary put together by Tyler for Management to review. There was 1 NC issued and 5 OFIs. In 2019 and prior, there were many more findings; Tyler thinks a lot of the low hanging fruit has bee address and there are just few things to find. The NC gets entered into Intelex as an NC. Only 1 NC entered for 2021.

Compliance audit software has its own interna corrective action entry system embedded and do not get added to Intelex.

Review of NC-21-1 (record #196) issued 9-10-2021, no 8D analysis, open for 66 days. There was no training about how the dust suppressant and watering operations were supposed to work and tracking requirements. 5-why analysis completed. Root-cause – EMS assumed there was training to use water truck and Task (EMS procedure) had stated this. Corrective actions – remove language about the training (not required beyond having a driver's license); not required by air permit to track the dust suppressant, in order to show that dust suppression is used, EMS will track dust suppressant chemical purchases. Closed 3/4/2022. Effectiveness will be done when Task 22 is audited in 2022.

EAGLE Registrations Inc. Service-Integrity-Value	**G** Audit Notes
CUSTOMER NAME/LOCATION:	Nucor Building Systems, Indiana/ 305 Industrial Parkway, Waterloo, IN 46793
AUDITOR NAME:	Kate Pastucha
DATE:	March 7-8, 2022
KEY PROCESS:	EMS, Management
INDIVIDUALS INTERVIEWED/PROCESS OWNER(S)	Tyler – Environmental Coordinator See interviewees in notes.

NOTES:

7.0 Support

Contractor Management:

Issue with the guard shack is not checking visitors into the security system. The IT Department did a test of the system recently and the security contractor failed to catch visitors that were not logged into the system. Visitors are not following the proper procedure to check whether the visitor is logged into the system, check and scan their ID, and have them sign the gate pass form. Tyler is issuing a corrective action for the ECF056 Visitor Guidance procedure, this is not just and environmental issue and has been elevated to top management at the facility.

Construction for Nucor building expansion. Training program for Nucor EHS – when the contractor has completed it, they are issued a sticker for their hardhat so it is easy to see. Subcontractors need to turn in the signed form to EHS and then they are issued the sticker. This makes it easy for the management at Nucor to see if all contracted workers have been trained or not.

Records:
Reviewed the records for contractor Power Clean (they clean out the plasma tanks), They have a main coversheet that the main contact for the company signs stating that they are responsible for ensuring all workers have completed the orientation. Usually done by the Safety Coordinator. Contractor Orientation Book – covers all general safety, emergency and environmental rules. Does not include the EMS policy – this is on the gate pass that they must sign. The last page is a sign off sheet for all workers who were trained with this contractor. This paperwork must be turned in by the contractor to Safety or Environment in order to get the stickers that need to go on the workers hardhats.
Gate pass – must sign, and badge sticker, the badge has the ability to scan and open the gates, this is good for 1 year with the ability to remove access if needed.

==PO – Great creative way to monitor whether contractors working on-site have received training on the contractor orientation guidebook to issue dated stickers for hardhats.==

Competence & Awareness for employees:
Sign-in log for Annual Environmental Training (no quiz if attending in person) Covers EMS, SWPPP, SPCC, Air, Waste, RCRA, Universal Waste
Aaron Fifer – 10/18/2021
Tom Parr – 10/18/2021
Shawn Montgomery – 10/18/2021
Kyle Schuman – 10/19/2021
Daylen Schinbeckler – 10/19/2021
Rob Montoya – 10/25/2021 (quiz en lieu when training session missed)

Reviewed the Annual Environmental training Presentation used for Oct 2021 – updated annually, mostly the same, adds relevant information from audits, incidents, etc. Covers GREEN policy, shows how to get to EMS procedures on Sharepoint, aspects & impacts, compliance obligations, objectives and targets, SWPPP, SPCC, spill kits, spill procedures, evacuation, Air permit, RCRA, labeling, fire, universal wastes,
Separate training for office teammates – emphasizes office aspects, but similar presentation.

Spot training:
Example – there was no date on the Universal Waste training, so there was a retraining as corrective action from an inspection.

Communication:
Tyler communicates to the leadership team with a presentation quarterly (not MR) to update on EMS activities to update.

Tyler sends out EPA Greener Living brochures once per quarter – just to promote environmentally friendly practices to employees.
Presidential Award – points over half are from community involvement activities, employee individual activities count, and organized events (highway cleanup, spring clean-up day, community universal waste disposal, arbor day, earth day)
GREEN policy posted, stickers for employees

Appendix G ECF008 Rev 0 Communication Procedure, refers to the Communication Matrix, Matrix designates the GM as the main point of contact for all external environmental communications and with the environmental coordinator as the designee, other duties assigned to legal counsel, and corporate environmental. There is a form for the receptionist to use if there is ever an environmental call from outside. It has never been used.

Tyler keeps folders with records of communications – emails, does not usually call.

Document Control:
All Environmental Documents are kept on s secure network drive with limited access. Tyler puts the current versions on SharePoint, still using the dual systems. Controlled Forms Master Log, tab for master list of all EMS documents (63 total, EMS, appendices, task documents, and other miscellaneous documents), tab for ECF history: tracks all EMS document revisions, since 2017, no log within each document. The log lists the person revising the document number, document, the rev date, the rev number, and comments about the changes.

Triggers for updating a document: management of change, internal audit findings, inspections, corrective actions. Saw an example of this when reviewing the internal audit for wood recycling.

In the SOPs for all jobs, the related EMS procedures are listed, Intelex is used for training on these tasks. Intelex has required review periods for all documents that are used for training. All digital, no paper copies kept on the floor.

ECF047 Process Map – Clip (small parts), Rod (rod parts), Panel (roofing or wall), Purlin (shaped from sheets), Hot Roll (tubing parts), BU (main line to make structural parts by welding)

5.0 Leadership

Reviewed the Org Chart on Share Point but is a QMS document that is shared with EMS.
IN.70.004 Rev 18 – shows all departments and management roles by title at the plant.
The Environmental and Safety Coordinators report directly to the General Manager, with dotted lines to the Production Manager. No dotted lines to corporate level. Any employee can report an environmental concern to HR or corporate.

Appendix P Organizational Roles, Responsibilities and Authorities ECF017 Rev 2
Table of responsibilities by title, including corporate levels, and all Nucor employees.

Appendix A ECF002 Rev 0 Environmental Policy – GREEN acronym, preamble and each letter define the policy. Policy is available to all by posting in the lobby of entrance, in annual training, on intranet, stickers for employees, and in the gate pass agreement for all visitors and contractors.

Interviews with Top Management: Just before the closing meeting with all top managers in attendance.

Direct Reporting of EC to GM. Encouraging participation, community outreach, recycling. Making time for EMS. Training, and onboarding. Awareness of goals, volunteering encouraged, communications to teammate. Annual aspect and impact reviews, done by workers on the floor, not management.

Resources – dedicated EC on-site, volunteer, no issues with funding, better than for fines for violations! Through communications all levels of employees involved.

Management of Change – process and always involve Tyler, and to ensure all parties signed off. Tyler is the responsible person to make updates to the documentation of the MOC.

Support from GM for roles and responsibility – making sure all are involved in meeting and to make sure the right questions asked and brought up as needed.

Any compliance issues from the assessment tool – task completion, and audit findings from corporate go to GM and EC.

EMS program – effective yes, and opportunities as needed.

EAGLE Registrations Inc. Service-Integrity-Value		<u>H</u> Non-Conformity Report	
Customer Name:	Nucor Building Systems, Indiana	Date:	March 7-8, 2022
EAGLE Auditor:	Kate Pastucha	Auditor Initials-Number:	KP -
Customer Escort:	Tyler Lucas	Non-Conformity Number:	SA-1
Location of Non-Conformity/Key Process:	Waterloo, IN/EMS	Previously Written-up: If yes, explain below:	☐ Yes ☒ No

NON-CONFORMITY WRITTEN BY EAGLE AUDITOR:

Classified by EAGLE Assessment Team as:	☐ Major ☒ Minor ☐ Issue (RV)

Requirement: ISO 14001:2015 Clause	**4.3 Determining the Scope of the Environmental Management System**

Write out clause statement here:
The organization shall determine the boundaries and applicability of the environmental management system to establish its scope.
When determining this scope, the organization shall consider:
a) the external and internal issues referred to in 4.1;
b) the compliance obligations referred to in 4.2;
c) its organizational units, functions and physical boundaries;
d) its activities, products and services;
e) its authority and ability to exercise control and influence.
Once the scope is defined, all activities, products and services of the organization within that scope need to be included in the environmental management system.
The scope shall be maintained as documented information and be available to interested parties.

Finding:

The scope of the environmental management system has not been fully defined.

Objective Evidence:

The facility shares the continuous property with the newly built TrueCore facility and shares the same address. However, TrueCore is a completely separate business unit and is not considered to be within the scope of Nucor's EMS. This relationship between the two facilities needs to be defined within the scope statement to clarify the shared interests and the boundaries of the EMS to clarify that the TrueCore site is excluded from the Nucor EMS Scope.

RESPONSE TO NON-CONFORMITY BY CUSTOMER:

NOTE: Correction, Root Cause, Plan and Evidence are required. Follow-Up will occur. Submit all responses into EMIS per WI 214.

EAGLE Registrations Inc. Service-Integrity-Value		H Non-Conformity Report	
Customer Name:	Nucor Building Systems, Indiana	Date:	March 7-8, 2022
EAGLE Auditor:	Kate Pastucha	Auditor Initials-Number:	KP -
Customer Escort:	Tyler Lucas	Non-Conformity Number:	SA-2
Location of Non-Conformity/Key Process:	Waterloo, IN/EMS	Previously Written-up: If yes, explain below:	☐ Yes ☒ No

NON-CONFORMITY WRITTEN BY EAGLE AUDITOR:

Classified by EAGLE Assessment Team as:	☐ Major ☒ Minor ☐ Issue (RV)

Requirement: ISO 14001:2015 Clause	**9.2.2 Internal audit programme**

Write out clause statement here:
The organization shall establish, implement and maintain (an) internal audit programme(s), including the frequency, methods, responsibilities, planning requirements and reporting of its internal audits.
When establishing the internal audit programme, the organization shall take into consideration the environmental importance of the processes concerned, changes affecting the organization and the results of previous audits.
The organization shall:
a) define the audit criteria and scope for each audit;
b) select auditors and conduct audits to ensure objectivity and the impartiality of the audit process;
c) ensure that the results of the audits are reported to relevant management.
The organization shall retain documented information as evidence of the implementation of the audit programme and the audit results.

Finding:

The company's internal audit program is not fully effective.

Objective Evidence:

The company's internal audits were not completed according to the schedule for 2021; 12 out of 41 audits were not completed. The internal audit of the internal audit program did not make mention of any challenges or discrepancy to completing the audits. The internal auditor of the internal audit program did not observe or interview an internal auditor. There was a conversation with the Environmental Coordinator (as relayed by the EC during this audit) with the internal auditor about some of the current issues, but these issues were not documented in the internal audit report, nor issued as an OFI or an NC. Additionally, there was only 1 NC and 5 OFIs issued for the 29 audits that were completed, bringing into question the quality and value of the internal audit system to drive continuous improvement at the facility.

RESPONSE TO NON-CONFORMITY BY CUSTOMER:

NOTE: Correction, Root Cause, Plan and Evidence are required. Follow-Up will occur. Submit all responses into EMIS per WI 214.